

United States District Court

FIRST

DISTRICT OF MASSACHUSETTS

SUMMONS IN A CIVIL ACTION

GERTRUDE GOROD

v.

CASE NUMBER:

05 - 10842 WGY

MASSACHUSETTS GENERAL HOSPITAL
DR. WILLIAM BINDER
JAMES McCARTHY
ERIK NORENKIA
SUSAN WARCHAL
DIPLOMAT
CARUSO MUSIC
LAWRENCE CARUSO
TO: (Name and address of defendant)
JAMES McCARTHY
c/o MASSACHUSETTS GENERAL HOSPITAL
55 FRUIT STREET
BOSTON, MA 02114

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court and serve upon

PLAINTIFF'S ATTORNEY (name and address)

GERTRUDE GOROD
P.O. BOX 856
EVERETT, MA 02149

an answer to the complaint which is herewith served upon you, within TWENTY days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

SARAS DISTRICT COURT
CLERK

BY DEPUTY CLERK

UNITED STATES DISTRICT COURT

DATE

4-26-05

AO 440 (Rev. 1/00) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and Complaint was made by me ¹	DATE
NAME OF SERVER (PRINT) UNITED STATES POSTAL SERVICE	TITLE

Check one box below to indicate appropriate method of service

Served personally upon the defendant. Place where served: _____

Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____

Returned unexecuted: _____

Other (specify): certified mail see# below

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____ Date _____

Signature of Server

Address of Server

ENDER: COMPLETE THIS SECTION

- 1 Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- 1 Print your name and address on the reverse so that we can return the card to you.
- 1 Attach this card to the back of the mailpiece, or on the front if space permits.

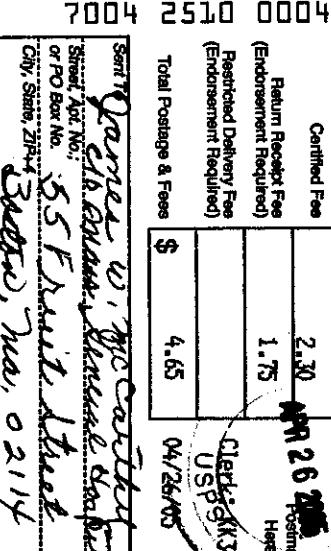
Article Addressed to:

James W. McCarthy
c/o Mass. General Hospital
55 Brunt Street
Boston, MA 02114

COMPLETE THIS SECTION ON DELIVERY

A. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Address
B. Received by (Printed Name)	C. Date of Deliv.
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: _____	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3800, June 2002



OFFICIAL USE ONLY
For delivery information visit our website at www.usps.com

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Number
(Transfer from service label)

7004 2510 0004 0155 5858